



North Carolina A&T State University
Student Financial Aid Office

Student Information Release Form

In compliance with Federal Family Education Rights and Privacy Act of 1974 (FERPA), the Student Financial Aid Office (SFAO) is prohibited from providing certain information from your student records. FERPA is a Federal law that protects the privacy of student education records. In order for this office to release information to anyone (parent(s), spouse, employer, high schools, scholarship agencies, etc.), other than yourself, various on campus offices, federal, state and law agencies that is exempt under the FERPA law, this release form must be signed by you (the student).

This form will remain in effect until further revoked by you in writing. Such revocation will not affect releases provided to other offices on campus. It is the policy of the SFAO not to release certain aspect of student's record (income, grade point average, grades, account balance) over the telephone or via e-mail. Students must visit the respective offices. Note: This form only relates to the release of information in the student's record located in the SFAO.

Please check one:

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Student Financial Aid Office at NC A&T State University the right to release or discuss financial aid information and other non-directory information to parties (parent(s), spouse, employer, high schools, and scholarship agencies) listed below:

Name

Relationship to me

(Please Print; Information will not be release if we cannot read the individual or organization's name.)

Three sets of horizontal lines for entering names and relationships.

Please provide a password to obtain information via the phone or e-mail:

The password should be no more than a ten letter word which includes a number. You must provide the password to the individuals or agencies listed above. The SFAO will not release information to the caller, if the caller does not have the password. A new form must be completed to change your password.

For Student's Use Only

This is to attest that I am the student signing this form. I understand that this authorization will remain in effect until I submit a written request to cancel this authorization.

Student's Name (Print)

Banner ID

Student's Signature (Only the student can sign)

Date

E-mail

Phone number